



**San Francisco  
Department of Public Health**

# **DHRPSC0002105: Behavioral Health Services – Residential**

**Department Project Manager: Yoonjung Kim, Director of Residential System of Care**

**DPH Division – Section: Behavioral Health Services – Residential System of Care**

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**Civil Service Commission**

**September 25, 2026**

## PSC REQUEST OVERVIEW: BEHAVIORAL HEALTH SERVICES - RESIDENTIAL

- **Scope of Services:**

- Provides behavioral health services in a residential setting for adults, including services related to an urgent care center, acute diversion units, psychiatric respite, transitional residential treatment programs for people with serious mental illnesses and/or substance use disorders.

- **Need of Services:**

- High demand from forensic, hospital, and community: Keeping high-utilizing clients out of state hospitals, jails, acute care facilities and locked long-term institutions by stepping down to community-based residential facilities or respite programs.

- **Service Delivery Locations:** Multiple locations across the city; a community-based, non-institutional setting

- **Service Delivery Timeline:** The first contract service on PSC 2105 started on 7/1/2018 and this PSC needs to be continued to provide uninterrupted service delivery for the City's vulnerable population.

- **Clients to be Served:** Adult individuals with serious mental illnesses and/or substance use disorders who need rehabilitation and stabilization at different levels of community residential facilities.

## WHY THIS PSC SUPPORTS DPH'S MISSION

- **Background and Service History:**

- The history of transitional residential facilities in California is largely defined by a significant shift from a system of large, state-run institutions to a community-based care model in 1960s.
- The recent state (DHCS) policy requires the local allocation of funding specifically toward community-based residential models to maximize federal matching funds (Medi-Cal) and mandates integrating community-level residential steps in managed care plans and county mental health plans.

- **Why Contracting is the Right Tool for This Need:**

- The City does not have expertise or hold a licensure to operate community-based residential facilities while CBOs do.
- Most CBOs offer their own property as well as services.

- **How This Supports DPH Programs:** These services will strengthen DPH's ability to transition psychiatric clients from street to respite care or from acute to community-based residential facilities by providing appropriate levels of care at the right time, thereby increasing health equity for SF residents and reducing unnecessary hospital stays and healthcare costs.

- **PSC Amount:** Previously approved amount: \$311,900,000; Total amended amount: \$500,029,168 (Increase amount: \$188,129,168)

- **PSC Duration:** Previously approved duration: 10 years; Total amended duration: 12 years (Increase duration: 2 years)



**THANK YOU**

